

DECLARATION

As a below named inventor, I declare that:

My residence, post office address and citiz	enship are as stated below next to m	y name; I believe I am the original, fir	st and sole
inventor (if only one name is listed below) of	or an original, first and joint inventor ((if plural inventors are named below) of	the subject
matter which is claimed and for which a	patent is sought on the invention	entitled: METHODS AND APPARA	TUS FOR
RELIEVING HEADACHES, RHINITIS	AND OTHER COMMON AILME	NTS the specification of which XX	is attached
hereto or was filed on	as Application No	and was amended on	(if
applicable).			

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56. I claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date
60/143,164	JULY 12, 1999

Full Name of Inventor 1:	Last Name: RASOR	First Name: NED	Middle Name or I	nitial:	
Residence & Citizenship:	City: Cupertino	State/Foreign Country: California	Country of Citizer United States	•	
Post Office Address:	Post Office Address: 15601 Montebello Road	City: Cupertino	State/Country: California	Postal Code: 95014	
Full Name of Inventor 2:	Last Name: RASOR	First Name: JULIA	Middle Name or I	nitial:	
Residence & Citizenship:	City: Los Gatos	State/Foreign Country: California	, , , , , , , , , , , , , , , , , , ,	Country of Citizenship: United States	
Post Office Address:	Post Office Address: 104 Smith Creek Drive	City: Los Gatos	State/Country: California	Postal Code: 95030	

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1	Signature of Inventor 2
NED S. RASOR	JULIA S. RASOR
Date	Date

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